Public Inspection Copy

Form **990-PF**

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information. OMB No. 1545-0047 2023 Open to Public Inspection

For cale	For calendar year 2023 or tax year beginning , and ending						
Name of foundation			A Employer identification number				
	GET ALS FOUNDATION INC				81-0756743		
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite PO BOX 1598			B Telephone number 646-592-25	11			
	box 1396 own, state or province, country, and ZIP or foreign p	ostal codo		-			
	YORK, NY 10101-1598			C If exemption application is p			
	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here		
	Final return	Amended return		2 Foreign organizations me	eting the 85% test		
	Address change	Name change		2. Foreign organizations me check here and attach co	mputation		
	k type of organization: X Section 501(c)(3) ex ection 4947(a)(1) nonexempt charitable trust	empt private foundation Other taxable private founda	tion	E If private foundation sta under section 507(b)(1)			
	arket value of all assets at end of year J Accounti		X Accrual	F If the foundation is in a			
		her (specify)		under section 507(b)(1)			
\$	180,572,961. (Part I, colun	nn (d), must be on cash basi	s.)	_			
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
1	Contributions, gifts, grants, etc., received	79,162,687.		N/A			
2	Check if the foundation is not required to attach Sch. B						
3	Interest on savings and temporary cash investments	405.054	400.05		<u> </u>		
4	Dividends and interest from securities	407,954.	407,95	4.	STATEMENT 1		
	Gross rents						
	Net remain morne of (loss)						
une b	Gross sales price for all						
Bevenue	Capital gain net income (from Part IV, line 2)			0.			
<u>ه</u> ۳	Net short-term capital gain						
9	Income modifications Gross sales less returns						
	and allowances						
	Gross profit or (loss)						
11	Other income						
12	Total. Add lines 1 through 11	79,570,641.	407,95	4.			
13	Compensation of officers, directors, trustees, etc.	623,302.		0.	623,302.		
14	Other employee salaries and wages	962,640.		0.	959,340.		
15	Pension plans, employee benefits	434,291. 11,099.		D.	<u>434,291.</u> 11,099.		
	Legal fees STMT 2	11,099.			11,099.		
x be	Accounting fees Other professional fees STMT 3	1,735,001.		0.	1,735,001.		
ш 17	Interest						
Administrative Expense 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Taxes						
1 <u>11</u> 19	Depreciation and depletion						
	Occupancy	000 400			000 400		
	Travel, conferences, and meetings	802,406.		0.	802,406.		
22 b 23	Printing and publications Other expenses STMT 4	581,459.		0.	581,459.		
	Total operating and administrative						
23 25 25	expenses. Add lines 13 through 23	5,150,198.		D.	5,146,898.		
20	Contributions, gifts, grants paid	10,709,339.			10,709,339.		
26	Total expenses and disbursements.						
	Add lines 24 and 25	15,859,537.		0.	15,856,237.		
	Subtract line 26 from line 12:	63,711,104.					
	Net investment income (if negative, enter -0-)		407,95	4.			
	Adjusted net income (if negative, enter -0-)			N/A			
					Farm 000-DE (0000)		

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23 **3** Form **990-PF** (2023)

Foi	rm 99	0-PF (2023) TARGET ALS FOUNDATION I	NC	81-	0756743 Page 2
	art	II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
F	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	13,772,622.	5,248,618.	
		• • • • • • • • • • • • • • • • • • • •	24,429,640.	20,566,503.	
	2	Savings and temporary cash investments	24,429,040.	20,000,000.	20,500,503.
	3	Accounts receivable 37,060,511.			
		Less: allowance for doubtful accounts	21,728,583.	37,060,511.	37,060,511.
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable	52,487,810.	79,111,867.	79,111,867.
		Receivables due from officers, directors, trustees, and other		- / /	
	U				
	_	disqualified persons			
	1	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	44,750.	48,235.	48,235.
Š	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 5	3,099,063.	38,537,227.	38,537,227.
	c	Investments - corporate bonds		· · ·	
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	115.562.468.	180,572,961.	180.572.961.
	17	Accounts payable and accrued expenses	13,921.		
	18		1,735,469.		
		Grants payable	1,755,405.	5,050,505.	
es	19	Deferred revenue			
Liabiliti	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	1,749,390.	3,048,779.	
		Foundations that follow FASB ASC 958, check here			
		and complete lines 24, 25, 29, and 30.			
Ses	04		31 358 955	50 872 035	
anc	24	Net assets without donor restrictions	70 454 102	59,872,935. 117,651,247.	
Fund Balances	25	Net assets with donor restrictions	/ / , 434, 143.	11/,001,24/.	
Б		Foundations that do not follow FASB ASC 958, check here			
- un	1	and complete lines 26 through 30.			
٩	26	Capital stock, trust principal, or current funds			
		Paid-in or capital surplus, or land, bldg., and equipment fund			
sse	28	Retained earnings, accumulated income, endowment, or other funds			
Ę	29	Total net assets or fund balances	113,813,078.	177,524,182.	
Net Assets	20				
	20	Total lightlitics and not accests/fund helenage	115 562 468	180,572,961.	
_	30	Total liabilities and net assets/fund balances		100,572,901.	
Ρ	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
•		st agree with end-of-year figure reported on prior year's return)		1	113,813,078.
•					63,711,104.
		r amount from Part I, line 27a			0.
		r increases not included in line 2 (itemize)			
		lines 1, 2, and 3			177,524,182.
5	Decr	eases not included in line 2 (itemize)		5	0.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

 5
 0.

 6
 177,524,182.

 Form 990-PF (2023)

		GET ALS FOUNDATI						81-	0756	743	Page 3
Ра	-	and Losses for Tax on In the kind(s) of property sold (for exa		icome	(b)) How acc	uired	(c) Date acq	uired	(d) Date :	sold
		arehouse; or common stock, 200 sh			1) How acc P - Purch D - Donat	ase ion	(mo., day,		(mo., day	
1a											
b	NO	NE									
C											
d											
e		(A) Despeciation allowed	(2) 0 2 2 1			1		(b) Oair	an (lasa)		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other bas ense of sal				(h) Gain ((e) plus (f)))	
a									(0)		
 b											
C											
d											
е											
(Complete only for assets showir	ng gain in column (h) and owned by	the foundation or	12/31/69.				(I) Gains (Col.			
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i l. (j), if any			CC	ol. (k), but not l Losses (fro			
	(.)	as ut 12/31/09		n. (j), n any	/				,	,	
<u>a</u>											
<u>b</u>											
 d											
e											
		(If gain, also ente	r in Part I, line 7		J						
2 Ca	apital gain net income or (net ca	apital loss))- in Part I, line 7		}	2					
3 N	et short-term capital gain or (lo	ss) as defined in sections 1222(5) ar	nd (6):		2						
		, column (c). See instructions. If (los									
	art I, line 8 rt V Excise Tax Bas	sed on Investment Incom	o (Section	10/0(2)	<u> </u>	<u>3</u>	1018	ego inetr	uction	-)	
					-		4340		uctions	5)	
Ia		described in section 4940(d)(2), che letter: (at					ione)	1		5 (671.
b		enter 1.39% (0.0139) of line 27b. Ex				6 111311 461	10115)			5,	<u>, , , , , , , , , , , , , , , , , , , </u>
2		l. (b)									
2	Tax under section 511 (domesi	tic section 4947(a)(1) trusts and taxa	able foundations	only; others	s, enter -	0-)		2			0.
3	Add lines 1 and 2							. 3		5,0	671.
4	Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and tax	able foundations	only; other	rs, enter	-0-)		4			0.
5	Tax based on investment inco	me. Subtract line 4 from line 3. If ze	ero or less, enter	-0-				5		5,0	671.
6	Credits/Payments:										
		and 2022 overpayment credited to 20		6a).			
		tax withheld at source		6b		6	,000				
		xtension of time to file (Form 8868) ly withheld		6c 6d		0).			
7		Id lines 6a through 6d								6.0	000.
8	Enter any penalty for underpay	vment of estimated tax. Check here [X if Form 22	20 is attach	ned						322.
9		and 8 is more than line 7, enter amo									
10		e than the total of lines 5 and 8, enter									7.
<u>11</u>	Enter the amount of line 10 to	be: Credited to 2024 estimated tax				0.	Refunde	ed 11		000 D	7.

Form **990-PF** (2023)

Form 990-PF (2023) TARGET ALS FOUNDATION INC Part VI-A Statements Regarding Activities

81-0756743 Page 4

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ 0 • (2) On foundation managers. \$ 0 •			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address TARGETALS.ORG			
14	The books are in care of KENNETH DEVANEY Telephone no. <u>646-59</u>		541	
	Located at <u>305 W 52 STREET APT 1H, NEW YORK, NY</u> ZIP+4 <u>10</u>	019		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year		<u>/A</u>	
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
	Fo	m 990)-PF	(2023)

Form 990-PF (2023) TARGET ALS FOUNDATION INC	81-0750	5743	Page 5
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?		1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?		1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)		1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b	
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2023?		1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section $4942(j)(3)$ or $4942(j)(5)$:			
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2023?		2a	X
If "Yes," list the years,,,,,,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.)	N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?		<u>3a</u>	X
b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons aft			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to di	spose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	NT / 7		
Schedule C, to determine if the foundation had excess business holdings in 2023.)	N/A	3b	v
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose			x
had not been removed from jeopardy before the first day of the tax year beginning in 2023?		4b	

Form **990-PF** (2023)

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Form 990-PF (2023) TARGET ALS FOUNDATION INC	81-0750	5743	F	Page 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (COI	ntinued)			
5a During the year, did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?		5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization described in section				
4945(d)(4)(A)? See instructions		5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for				
the prevention of cruelty to children or animals?		5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check here				
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained				
expenditure responsibility for the grant?	N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on				
a personal benefit contract?		6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		_X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
excess parachute payment(s) during the year?		8		Х
Part VII Information About Officers, Directors, Trustees, Foundation Managers, High	nly			

Paid Employees, and Contractors

TARGET ALS FOUNDATION INC.

1 List all officers, directors, trustees, and foundation managers and their compensation.							
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
		600 000	00 577	0			
SEE STATEMENT 6		623,302.	99,577.	0.			

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				0
				•

Form 990-PF (2023)

81-0756743

Form 990-PF (2023) TARGET ALS FOUNDATION INC	81-	0756743 Page 7
Part VII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
KOSZYN & COMPANY - 215 PARK AVENUE SOUTH 11	TH	
FLOOR, NEW YORK, NY 10003	DEVELOPMENT EXPE	NSE 0.
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	LXPEIISES
1 <u>N/A</u>		
2		
3		
4		
Part VIII-B Cumment of Dreamon Delated Investments		
Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 0	Amount
1 N/A		Amount
1N/A		
0		
2		
All other program-related investments. See instructions.		
3		
٠		
Total. Add lines 1 through 3		0.
		Form 990-PF (2023)

Form **990-PF** (2023)

Form 990-PF (2023)	90-PF (2023)
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Ρ	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undatio	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	8,842,651.
	Average of monthly cash balances	1b	33,137,129.
	Fair market value of all other assets (see instructions)	1c	116,220,613.
	Total (add lines 1a, b, and c)	1d	158,200,393.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	158,200,393.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	2,373,006.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	155,827,387.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	7,791,369.
Р	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	and certa	lin
1	Minimum investment return from Part IX, line 6	1	7,791,369.
2a	Tax on investment income for 2023 from Part V, line 5 2a 5,671.		
b			
C	Add lines 2a and 2b	2c	5,671.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,785,698.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,785,698.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	7,785,698.
Ρ	Part XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>15,856,237.</u> 0.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	15,856,237.
			Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X,				
line 7				7,785,698.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2023:		0.		
a From 2018 7,596,725. b From 2019 5,146,749.				
c From 2020 5,113,045. d From 2021 6,674,498.				
e From 2022 4,848,559. f Total of lines 3a through e	29,379,576.			
4 Qualifying distributions for 2023 from	25,515,510.			
Part XI, line 4: \$ 15,856,237.				
a Applied to 2022, but not more than line 2a			0.	
b Applied to undistributed income of prior			Ŭ.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2023 distributable amount				7,785,698.
e Remaining amount distributed out of corpus	8,070,539.			.,
 5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount 				
must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	37,450,115.			
b Prior years' undistributed income. Subtract		0		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2022. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2023. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2024				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2018	7,596,725.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2024.	1,550,125.			
Subtract lines 7 and 8 from line 6a	29,853,390.			
10 Analysis of line 9:				
a Excess from 2019 5,146,749.				
b Excess from 2020 5,113,045.				
c Excess from 2021 6,674,498.				
d Excess from 2022 4,848,559.				
e Excess from 2023 8,070,539.				
· · ·				Form 990-DF (2022)

11

323581 12-20-23

Form **990-PF** (2023)

Part XIII Private Operating Fo	ALS FOUNDAT		A question 9)	0 N/A	1-0/56/43 Page
1 a If the foundation has received a ruling or			n, question 3)	N/A	
foundation, and the ruling is effective for		1 1 0			
b Check box to indicate whether the foundation				4942(j)(3) or	4942(j)(5)
Г		y iounuation described i	Prior 3 yea		4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2023	(b) 2022	(c) 2021		0 (e) Total
income from Part I or the minimum	(a) 2020	(0) 2022	(0) 2021	(u) 2020	
investment return from Part IX for					
each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part IX, line 6, for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XIV Supplementary Infor	mation (Complet	e this part only i	f the founda	tion had \$5,000 d	or more in assets
at any time during th	le vear-see instru	uctions.)		•	

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here **X** if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

12

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

323601 12-20-23

Form 990-PF (2023)

 Form 990-PF (2023)
 TARGET ALS FOUNDATION INC

 Part XIV
 Supplementary Information (continued)

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ATALANTA THERAPEUTICS	NONE	NC	BIOMEDICAL RESEARCH	
51 SLEEPER ST 7TH FLOOR BOSTON, MA 02110				130,000
BARROW NEUROLOGICAL INSTITUTE 350 W. THOMAS ROAD	NONE	PC	BIOMEDICAL RESEARCH	
PHOENIX, AZ 85013				312,520
CASE WESTERN RESERVE UNIVERSITY 2103 CORNELL ROAD	NONE	PC	BIOMEDICAL RESEARCH	
CLEVELAND, OH 44106				130,000
CEDARS-SINAI MEDICAL CENTER 127 S. SAN VICENTE BLVD AHSP SUITE	NONE	PC	BIOMEDICAL RESEARCH	
A6600 LOS ANGELES, CA 90048				150,000
COLUMBIA UNIVERSITY 650 WEST 168TH STREET	NONE	PC	BIOMEDICAL RESEARCH	
NEW YORK, NY 10032	NTINUATION SHEE	<u> </u> ת(פ)	3a	121,000 10,709,339
Total SEE_CO b Approved for future payment		<u>1.(.0.)</u>	Ja Ja	
NONE				

Form **990-PF** (2023)

Part XV-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	d business income	Exclud	ded by section 512, 513, or 514	(0)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		coue	, in odini	
a b					
cd					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	407,954.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a <u>OTHER INCOME</u>			01		
b					
C					
d					
e		0			
12 Subtotal. Add columns (b), (d), and (e)		0.		407,954.	0.
13 Total. Add line 12, columns (b), (d), and (e)					407,954.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Accor	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incon			contribu	uted importantly to the accomp	lishment of
the foundation's exempt purposes (other than b	y providing fun	ds for such purposes).			

14

Forr	m 990-PF (2023) TARGET ALS FOUNDATION INC 81-07	56743	Pa	ige 13		
Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable						
	Exempt Organizations					
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No		
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?					
a	Transfers from the reporting foundation to a noncharitable exempt organization of:					
	(1) Cash	1a(1)		X		
	(2) Other assets			X		
b	Other transactions:					
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X		
	(2) Purchases of assets from a noncharitable exempt organization			X		
	(3) Rental of facilities, equipment, or other assets			X		
	(4) Reimbursement arrangements			X		
	(5) Loans or loan guarantees	. 1b(5)		X		
	(6) Performance of services or membership or fundraising solicitations			X		
C				X		
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods	, other ass	sets,			
	or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement,	show in				

colum	n (d) the value of the goods,	other assets, or services received.					
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements				
		N/A					
2a Is the	foundation directly or indirec	tly affiliated with, or related to, one or more tax-exempt organized	zations described				
in sec	in section 501(c) (other than section 501(c)(3)) or in section 527?						
b If "Yes	," complete the following sch	edule.					

	00, 00							
(a) Name of organization ((b) T <u>y</u>	ype of organization		(c) Description of re	elationship	
		N/A						
Sign Here	and b	r penalties of perjury, I declare that I have examined th elief, it is true, correct, and complete. Declaration of pr ature of officer or trustee		n taxpaye			has any knowledge.	May the IRS discuss this return with the preparer shown below? See instr.
Paid		Print/Type preparer's name PATRICK J. MARTIN	Preparer's si	•	. MARTIN	Date	Check if self- employed	PTIN P00283486
Preparer Firm's name KAHN, LITWIN, RENZA & CO., LTD. Use Only Firm's EIN 05-0409384						-0409384		
		Firm's address 951 NORTH MA PROVIDENCE,					Phone no. 40	1-274-2001

Form 990-PF (2023)

Part XIV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Anount
GEORGETOWN UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH	
37TH AND O STREETS, NW				
WASHINGTON, DC 20057				800,541.
	NONE	Da		
JLADSTONES INSTITUTES 1650 OWENS STREET	NONE	PC	BIOMEDICAL RESEARCH	
SAN FRANCISCO, CA 94158				130 000
SAN FRANCISCO, CA 94196				130,000.
INTERNATIONAL CENTRE FOR GENETIC	NONE	NC	BIOMEDICAL RESEARCH	
ENGINEERING AND BIOTECHNOLOGY				
ARUNA ASAF ALI MARG				
NEW DELHI, INDIA 110067				120,000.
INTERNATIONAL SCHOOL FOR ADVANCED	NONE	PC	BIOMEDICAL RESEARCH	
STUDIES		10		
VIA BONOMEA 265				
TRIESTE TS, ITALY 34136				100,000.
JOHNS HOPKINS UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH	
3400 N. CHARLES STREET				640 000
BALTIMORE, MD 21218				640,000.
KAROLINSKA INSTITUTET	NONE	PC	BIOMEDICAL RESEARCH	
DEPT. OF CLINICAL NEUROSCIENCE				
STOCKHOLM, SWEDEN 171 77				150,000.
KI ELEMENTS	NONE	NC	BIOMEDICAL RESEARCH	
381 HUBBARD ST STE 201				
GLASTONBURY, CT 06033				97,919.
LEIBNIZ-FORSCHUNGSINSTITUT FUR	NONE	PC	BIOMEDICAL RESEARCH	
MOLEKULARE PHARMAKOLOGIE	NONE	FC	BIOMEDICAL RESEARCH	
ROBERT ROSSLE STRABE				
BERLIN, GERMANY 13125				130,000.
MASSACHUSETTS GENERAL HOSPITAL	NONE	PC	BIOMEDICAL RESEARCH	
55 FRUIT STREET BOSTON, MA 02114				70 200
50510N, MI 02117		1		72,208.
MAYO CLINIC - JACKSONVILLE FLORIDA	NONE	PC	BIOMEDICAL RESEARCH	
4500 SAN PABLO ROAD SOUTH				
JACKSONVILLE, FL 32224				196,000.
Total from continuation sheets				9,865,819.

3 Grants and Contributions Paid During the Ye	-	-		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
	NONE	NC	DIONEDICAL DECEADOU	
MAZE THERAPEUTICS L71 OYSTER POINT BLVD STE 300	NONE	NC	BIOMEDICAL RESEARCH	
SAN FRANCISCO, CA 94080				110,00
NATIONAL INSTITUTE OF HEALTH (NIH)	NONE	GOV	BIOMEDICAL RESEARCH	
0000 ROCKVILLE PIKE				
BETHESDA, MD 20892				449,95
NEW YORK GENOME CENTER	NONE	PC	BIOMEDICAL RESEARCH	
101 6TH AVENUE				
NEW YORK, NY 10013				1,454,705
N-LOREM FOUNDATION 2888 LOKER AVE E	NONE	PC	BIOMEDICAL RESEARCH	
CARLSBAD, CA 92010				477,58
,				
NORTHWESTERN UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH	
10 ROCKEFELLER PLAZA, #800				
NEW YORK, NY 10111				234,230
OREGON HEALTH AND SCIENCE UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH	
3181 SW SAM JACKSON PARK ROAD				
PORTLAND, OR 97239				60,000
PROSETTA BIOSCIENCES 650 5TH STREET	NONE	NC	BIOMEDICAL RESEARCH	
SAN FRANCISCO, CA 94107				140,000
REGENERON PHARMACEUTICALS	NONE	PC	BIOMEDICAL RESEARCH	
2425 MATHESON BOUELVARD EAST SUITE 726				
MISSISSAUGA, CANADA L4W 5K4				99,25
STANFORD UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH	
450 SERRA MALL STANFORD CA 94305				130 000
STANFORD, CA 94305				130,000
SWISS FEDERAL INSTITUTE OF TECHNOLOGY	NONE	PC	BIOMEDICAL RESEARCH	
BRAIN MIND INSTITUTE SV 2511 UPMCABE			STONDETCHE RESEARCH	
LAUSANNE, SWITZERLAND VD 1015				269,95
Total from continuation sheets	<u></u>	<u></u>		

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)	1		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
THE GERMAN CENTER FOR NEURODEGENERATIVE DISEASES ERKRANKUNGEN VENUSBERG CAMPUS 1 GEBAUDE 990 BONN, GERMANY 53127	NONE	PC	BIOMEDICAL RESEARCH	99,205.
				<u>·</u>
THE JACKSON LABORATORY 90260 COLLECTION CENTER DRIVE CHICAGO, IL 60693	NONE	PC	BIOMEDICAL RESEARCH	130,000.
ULM UNIVERSITY CENTER FOR BIOMEDICAL RESEARCH HELMHOLTZTRASSE 8/1 ULM, GERMANY	NONE	PC	BIOMEDICAL RESEARCH	
89081				118,000.
UNIVERSIT LAVAL 11 COTE DU PALAIS MONTREAL, CANADA QC G1R2J6	NONE	PC	BIOMEDICAL RESEARCH	37,803.
UNIVERSITY OF ALBERTA 116 ST & 85 AVE EDMONTON, CANADA AB T6G 2R3	NONE	NC	BIOMEDICAL RESEARCH	19,500.
UNIVERSITY OF CALIFORNIA IRVINE 419 SOUTH CIRCLE VIEW DR IRVINE, CA 92697	NONE	PC	BIOMEDICAL RESEARCH	60,000.
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	NONE	PC	BIOMEDICAL RESEARCH	622,583.
UNIVERSITY OF CALIFORNIA, LOS ANGELES 635 CHARLES E YOUNG DRIVE SOUTH LOS ANGELES, CA 90095	NONE	PC	BIOMEDICAL RESEARCH	150,000.
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE	NONE	PC	BIOMEDICAL RESEARCH	
SAN FRANCISCO, CA 94143				390,000.
UNIVERSITY OF COLLEGE LONDON (UCL) GOWER ST LONDON, UNITED KINGDOM WC1E 6BT	NONE	PC	BIOMEDICAL RESEARCH	60,000.
Total from continuation sheets				

Part XIVSupplementary Information3Grants and Contributions Paid During the V				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
JNIVERSITY OF DUNDEE	NONE	PC	BIOMEDICAL RESEARCH	
DOW STREET DUNDEE, UNITED KINGDOM DD1 5EH				128,251
UNIVERSITY OF EDINBURGH DLD COLLEGE SOUTH BRIDGE	NONE	NC	BIOMEDICAL RESEARCH	
EDINBURGH, UNITED KINGDOM EH89YL				627,284
JNIVERSITY OF MICHIGAN	NONE	PC	BIOMEDICAL RESEARCH	
500 S. STATE STREET ANN ARBOR, MI 48109				130,000
UNIVERSITY OF PENNSYLVANIA	NONE	PC	BIOMEDICAL RESEARCH	
3451 WALNUT ST PHILADELPHIA, PA 19104				60,000
JNIVERSITY OF SHEFFIELD WESTERN BANK	NONE	PC	BIOMEDICAL RESEARCH	
SHEFFIELD, UNITED KINGDOM S10 2TN				113,928
UNIVERSITY OF VERONA	NONE	NC	BIOMEDICAL RESEARCH	
VIA S FRANCESCO 22 VERONA, ITALY 37129				113,200
·				
JNIVERSITY OF WASHINGTON 1959 NE PACIFIC ST	NONE	PC	BIOMEDICAL RESEARCH	
SEATTLE, WA 98195				216,920
	NONE	Da		
JNIVERSITY OF ZURICH RAMISTRASSE 71	NONE	PC	BIOMEDICAL RESEARCH	
ZURICH, SWITZERLAND 8006				100,000
JTRECHT UNIVERSITY	NONE	PC	BIOMEDICAL RESEARCH	
PADUALAN 8 JTRECHT, NETHERLANDS 3584CH				130,000
VASHINGTON UNIVERSITY 1 BROOKINGS DR	NONE	PC	BIOMEDICAL RESEARCH	
ST. LOUIS, MO 63130				86,403

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Part XIV Supplementary Information					
3 Grants and Contributions Paid During the Year (Continuation)					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	Contribution		
WEIZMANN INSTITUTE OF SCIENCE	NONE	PC	BIOMEDICAL RESEARCH		
234 HERZL STREET					
REHOVOT, ISRAEL 7610001				512,000.	
WINTERLIGHT LABS	NONE	NC	BIOMEDICAL RESEARCH		
46 HAYDEN ST				00.005	
TORONTO, CANADA M4Y 1V8				98,397.	
Total from continuation sheets	I	I	I		

Employer identification number

TARGET ALS FOUNDATION INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 73 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 74 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 75 Person Х Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76 Х Person Payroll 220,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 78 Х Person Payroll 103,597. Noncash Х \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

2023.04010 TARGET ALS FOUNDATION INC 23354__1

81-0756743

Employer identification number

Page 2

- -

81-0756743

TARGET ALS FOUNDATION INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 79 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 80 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 81 Person Х Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 Х Person Payroll 13,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 х Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 84 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

2023.04010 TARGET ALS FOUNDATION INC 23354__1

10120801 788564 23354

Employer identification number

81-0756743

TARGET ALS FOUNDATION INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 85 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 86 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 87 Х Person Payroll Noncash 11,419. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 88 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 89 х Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 90 Х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

10120801 788564 23354

2023.04010 TARGET ALS FOUNDATION INC 23354__1

Employer identification number

Page **2**

81-0756743

TARGET ALS FOUNDATION INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 91 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 92 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 93 Х Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 94 Х Person Payroll 1,500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 96 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

2023.04010 TARGET ALS FOUNDATION INC 23354__1

10120801 788564 23354

Employer identification number

81-0756743

TARGET ALS FOUNDATION INC

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
97	Name, address, and ZIP + 4 Total contril	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
98		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)			(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
99		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
100			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u>101</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)			(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>102</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2023)

38 2023.04010 TARGET ALS FOUNDATION INC 23354_1

10120801 788564 23354

Employer identification number

81-0756743

TARGET ALS FOUNDATION INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 103 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 104X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

323452 12-26-23

10120801 788564 23354

39

ARGE	T ALS FOUNDATION INC	81	-0756743
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Donated Securities		
7			
		\$\$_1,033,047.	12/20/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	Donated Securities		
10			
		\$ 502,566.	12/28/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Donated Securities		
41			
		\$\$	05/04/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Donated Securities		
47			
		\$10,110.	10/19/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
F 4	Donated Securities		
54			
		\$\$	09/05/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
68	Donated Securities		
			10/01/00
		<u> </u>	12/21/23

40

Schedule B (Form 990) (2023)

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2023.04010 TARGET ALS FOUNDATION INC 23354__1

Name of organization

81-0756743

Employer identification number

TARGE	T ALS FOUNDATION INC	8	1-0756743
Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Donated Securities		
78			
		\$103,597.	06/20/23
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a) No		(c)	(-1)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Faill			
		(c	
	l	\$	

Schedule B (Form 990) (2023)

10120801 788564 23354

41 2023.04010 TARGET ALS FOUNDATION INC 23354__1

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

Name of or	rganization	Employer identification number					
TARGET	T ALS FOUNDATION INC		81-0756743				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line e charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year e entry. For organizations				
(a) Na	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g					
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	f gift				
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u>Part I</u>							
		(.) Turneformed					
	Transferee's name, address, a	e) Transfer of ((e) Transfer of (Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				

42

Schedule B (Form 990) (2023)

2023.04010 TARGET ALS FOUNDATION INC 23354__1

Form	2220
	ment of the Treasury Revenue Service

Underpayment of Estimated Tax by Corporations

FORM 990-PF

OMB No. 1545-0123 2023

Attach to the cornoration's tax return

Name

Go to www.irs.gov/Form2220 for instructions and the latest informat									
Go to	www.irs.	gov/Form2220	for	instructions	and	the	latest	informa	ation.

Employer identification number 81-0756743

TARGET	ALS	FOUNDATION	INC	

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I	Required Annual Payment
Γαιτι	nequired Annual Payment

1 Total tax (see instructions)		1	5,671.
 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 	2a 2b	_	
c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c	20	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corpordoes not owe the penalty		3	5,671.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	335.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line enter the amount from line 3		5	335.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the even if it does not owe a penalty. See instructions.	e corporation must file l	Form 2220	

6		The corporation is using the adjusted seasonal installment method.
---	--	--

7 The corporation is using the annualized income installment method.

X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. 8

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/23	06/15/23	09/15/23	12/15/23
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	84.	2,752.	1,417.	1,418.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11				
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		84.	2,836.	4,253.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		84.	2,836.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17	84.	2,752.	1,417.	1,418.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18				
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	if th	ere are no entries on lin	e 17 - no penalty is owed	i.	

For Paperwork Reduction Act Notice, see separate instructions.

FORM 990-PF

Form 2220 (2023)

TARGET ALS FOUNDATION INC

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
0	instead of 4th month.) See instructions	19					
U	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21					
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$		\$
3	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23					
24	Underpayment on line 17 x Number of days on line 23 x 7% (0.07)	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25					
26	Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 365	26	\$	\$	\$		\$
27	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SE	E ATTACHED	WORKSHEET		
28	Underpayment on line 17 x Number of days on line 27 x 8% (0.08) 366	28	\$	\$	\$		\$
9	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29					
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
1	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
85	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35					
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal h	ere and on Form 1120, I	line 34; or the compara	ble		
	line for other income tax returns					38	\$ 322

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

312802 02-05-24

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Num	ber
TARGET ALS	FOUNDATION I	NC		81-0756	5743
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
05/15/23	84.	84.	31	.000191781	
06/15/23	2,752.	2,836.	92	.000191781	50
09/15/23	1,417.	4,253.	15	.000191781	12
09/30/23	0.	4,253.	76	.000219178	71
12/15/23	1,418.	5,671.	16	.000219178	20
12/31/23	0.	5,671.	136	.000218579	169
nalty Due (Sum of Colur	mn F).				322

* Date of estimated tax payment, withholding credit date or installment due date.

312511 04-01-23

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECU	RITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
INTEREST	407,954.		0. 407,954	. 407,954.	
TO PART I, LINE 4	407,954.		0. 407,954	. 407,954.	
FORM 990-PF		LEGAL (A)	· · · · · · · · · · · · · · · · · · ·		(D)
FORM 990-PF DESCRIPTION		LEGAL (A) EXPENSES PER BOOKS	FEES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
		(A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 3		
DESCRIPTION	(A)	(B)	(C)	(D)	
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE	
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES	
PROGRAM SERVICE EXPENSE	268,748.	0.		268,748.	
RESEARCH EXPENSES	1,091,253.	0.		1,091,253.	
LOBBYING	375,000.	0.		375,000.	
TO FORM 990-PF, PG 1, LN 160	1,735,001.	0.		1,735,001.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE SUPPLIES BANK FEES MARKETING FUNDRAISING INFORMATION TECHNOLOGY	19,777. 9,008. 169,568. 320,155. 62,951.	0. 0.		19,777. 9,008. 169,568. 320,155. 62,951.	
TO FORM 990-PF, PG 1, LN 23	581,459.	0.		581,459.	

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FORM 990-PF CORPORATE	STOCK	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PUBLICLY TRADED SECURITIES	38,537,227.	38,537,227.
TOTAL TO FORM 990-PF, PART II, LINE 10B	38,537,227.	38,537,227.

	TITLE AND	COMDEN	EMPLOYEE BEN DIAN	EVDENCE
NAME AND ADDRESS	AVRG HRS/WK	COMPEN- SATION	BEN PLAN CONTRIB	ACCOUNT
MANISH RAISINGHANI	PRESIDENT 40.00	372,914.	54,043.	0
KENNETH DEVANEY	TREASURER 40.00	250,388.	45,534.	0
DANIEL L. DOCTOROFF	CHAIR 1.00	0.	0.	0
JOHN DUNLOP	BOARD MEMBER 1.00	0.	0.	0
ZACH W. HALL	BOARD MEMBER 1.00	0.	0.	0
STORY LANDIS	BOARD MEMBER 1.00	0.	0.	0
MIKE POOLE	BOARD MEMBER 1.00	0.	0.	0
RICHARD HARGEAVES	BOARD MEMBER 1.00	0.	0.	0
	BOARD MEMBER 1.00	0.	0.	0
CAROLE HO	BOARD MEMBER 1.00	0.	0.	0
STACIE WENINGER				

TARGET ALS FOUNDATION INC			81	-0756743
SARA SHEIKH	BOARD MEMBER 1.00	0.	0.	0.
ALISA DOCTOROF	BOARD MEMBER 1.00	0.	0.	0.
BRAD S. KARP	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VII	623,302.	99,577.	0.